CLAIRIDGE HOUSE

1519	60TH	STREET	
KENIO 9	ΔHS		5

KENOSHA	53140	Phone: (262) 656-7500		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/05):	70	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	87	Title 19 (Medicaid) Certified?	Yes
Number of Resid	lents on 12/31	/05:	70	Average Daily Census:	67

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	%	Age Groups 	* 	 Less Than 1 Year 1 - 4 Years	25.7 37.1
Developmental Disabilities	2.9	Under 65	18.6	More Than 4 Years	37.1
Mental Illness (Org./Psy)	32.9	65 - 74	18.6		
Mental Illness (Other)	35.7	75 - 84	37.1		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	20.0		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.7	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	0.0	İ	100.0	(12/31/05)	
Cardiovascular	0.0	65 & Over	81.4		
Cerebrovascular	14.3			RNs	8.7
Diabetes	5.7	Gender	%	LPNs	10.6
Respiratory	4.3			Nursing Assistants,	
Other Medical Conditions	4.3	Male	40.0	Aides, & Orderlies	40.1
		Female	60.0	İ	
	100.0	İ			
		j	100.0	j	

Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay	<u>:</u>		amily Care			anaged Care	l 		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 7	12.1	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	10.0
Skilled Care	7	100.0	250	48	82.8	114	0	0.0	0	5	100.0	175	0	0.0	0	0	0.0	0	60	85.7
Intermediate				3	5.2	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		58	100.0		0	0.0		5	100.0		0	0.0		0	0.0		70	100.0

CLAIRIDGE HOUSE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	17.1		62.9	20.0	70
Other Nursing Homes	8.1	Dressing	27.1		50.0	22.9	70
Acute Care Hospitals	78.4	Transferring	42.9		31.4	25.7	70
Psych. HospMR/DD Facilities	8.1	Toilet Use	37.1		37.1	25.7	70
Rehabilitation Hospitals	2.7	Eating	47.1		34.3	18.6	70
Other Locations	0.0	*******	******	*****	*****	******	*****
Total Number of Admissions	37	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.7	Receiving Resp	iratory Care	11.4
Private Home/No Home Health	12.1	Occ/Freq. Incontiner	nt of Bladder	47.1	Receiving Trac	heostomy Care	2.9
Private Home/With Home Health	12.1	Occ/Freq. Incontiner	nt of Bowel	44.3	Receiving Suct	ioning	2.9
Other Nursing Homes	0.0	İ			Receiving Osto	my Care	0.0
Acute Care Hospitals	30.3	Mobility			Receiving Tube	Feeding	5.7
Psych. HospMR/DD Facilities	3.0	Physically Restraine	ed	1.4	Receiving Mech	anically Altered Diets	32.9
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	27.3	With Pressure Sores		4.3	Have Advance D	irectives	47.1
Total Number of Discharges		With Rashes		2.9	Medications		
(Including Deaths)	33	İ			Receiving Psyc	hoactive Drugs	85.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	% Ratio		% Ratio		% Ratio		%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.0	85.8	0.90	86.3	0.89	88.8	0.87	88.1	0.87
Current Residents from In-County	64.3	81.3	0.79	80.0	0.89	83.2	0.87	77.6	0.87
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Admissions from In-County, Still Residing	37.8	16.8	2.26	18.8	2.01	18.7	2.02	18.1	2.09
Admissions/Average Daily Census	55.2	216.2	0.26	180.5	0.31	177.7	0.31	162.3	0.34
Discharges/Average Daily Census	49.3	217.8	0.23	178.7	0.28	179.2	0.27	165.1	0.30
Discharges To Private Residence/Average Daily Census	11.9	100.9	0.12	87.1	0.14	83.4	0.14	74.8	0.16
Residents Receiving Skilled Care	95.7	97.2	0.98	96.4	0.99	96.3	0.99	92.1	1.04
Residents Aged 65 and Older	81.4	91.5	0.89	93.5	0.87	91.3	0.89	88.4	0.92
Title 19 (Medicaid) Funded Residents	82.9	61.7	1.34	59.0	1.40	61.8	1.34	65.3	1.27
Private Pay Funded Residents	7.1	19.4	0.37	24.5	0.29	22.5	0.32	20.2	0.35
Developmentally Disabled Residents	2.9	0.9	3.28	0.8	3.37	1.1	2.59	5.0	0.57
Mentally Ill Residents	68.6	28.9	2.38	31.6	2.17	34.8	1.97	32.9	2.09
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General Medical Service Residents	4.3	23.7	0.18	26.1	0.16	23.0	0.19	22.8	0.19
Impaired ADL (Mean)	44.3	47.9	0.93	47.8	0.93	48.4	0.91	49.2	0.90
Psychological Problems	85.7	59.1	1.45	57.6	1.49	59.5	1.44	58.5	1.47
Nursing Care Required (Mean)	7.9	7.1	1.11	7.0	1.13	7.2	1.09	7.4	1.06